

Idaho Interagency Committee on Substance Abuse Prevention and Treatment
Meeting

June 20, 2007

Attendees: Debbie Field, Delana Harper, Sharon Harrigfeld, Patti Tobias, Rep. Jim Clark, Richard Armstrong, Jerry Russell, Paul Carroll, Larry Calicut, Justice Dan Eisman, Valerie Hoybjerg, Kelli Jo Hilliard, Kathleen Allyn, Amy Holly-Priest, Bethany Gadzinski, Monica Massarand, Darrel Kipp, Sharon Birk, Nancy England, Christi Dye, Janet Zwick, Bev Ashton, Joyce McRoberts, Ken Harward, Amy Castro, Senator Stegner, Monte Stiles, Pharis Stinger, Donna Honena, Loraine Marshal, Heather, Dave

Absent: Brent Reinke

Minutes:

Agenda Item #1 – Federal Law Enforcement/Forfeiture Laws, Monte Stiles

Debbie Field – added ad-hoc membership to committee

Monte Stiles – Has been a drug prosecutor for 25 years and is the only full time drug prosecutor in Boise office of US attorney. Drug problem is worse now than it was 20 years ago and 80% of people he has seen in court are b/c of substance abuse problems. The reason that Idaho has a waiting list for treatment currently is because there are too many people coming into the system. Adult education should be high on our priority list. Need to make sure laws relating to money laundering and asset forfeiture are better.

Tony Hall is one leading expert on these types of laws. Idaho needs to look at the federal laws to see how to change the laws in the state (because Idaho's laws are extremely complicated). One year in federal system we were 9th highest in country out of 96 areas in amount of money/assets seized in drug busts. Agencies get a portion of the money/assets seized based on what they put into the investigations. Not sure what the counties/agencies do with the money they get, but they are instructed in regulations to use it for education, prevention and treatment. ISP does things correctly. Changing our forfeiture laws is a possible solution to funds needed for treatment since we are not competing against other agencies or programs for that money. People in the state may just not understand how forfeiture laws work, so if we could follow the federal law, or train on the laws we already have, we could have more success with this. If state agencies participate in the cases more, they can get more of the money already without having to change the laws. Jim Dickinson is in charge of forfeiture law for Ada County.

Valerie would like to add a note about what Monte said, that the fact that when even a “conversation” is held about substance abuse (for example, Nancy Reagan in the 80's when Just Say No was used), usage goes down and when we stop abuse goes back up.

Agenda Item #2 – SB1142 Presentation

Patti Tobias – SB1149 and SB1142 – trying to implement this legislation, requires a substantial change in thinking, since Gain is effective January 1, 2008, these bills needed interim measures starting July 1, 2007. Each dept planning to implement more detailed instructions. Will be getting more instructions out to judges, probations, Dept of Corrections, providers, police and everyone involved. SB1149 requires evaluation, mental health and substance abuse evaluation of adult felony offenders. SB1142 deals with juvenile offenders, adds that judge can order substance abuse assessment to be available at sentencing and can order treatment instead of putting in juvenile corrections. Still need to get down the best practices as part of the on-going issues for combining treatment and county supervision (probations). Added a data collection section to find out what the amount might be needed to get a supplemental. Should take up a discussion on collaborative training district by district.

Valerie, would like to get the county probation officers, courts and H&W trained together so they are all on the same page instead of each agency being trained separately.

Moved by Robin Sandy, **seconded** by Director Armstrong to adopt as a topic (the training on a collaborative effort.) **None opposed, motion passes.**

Agenda Item #3 – Ocular Drug Test Presentation

Patti Tobias - Ocular drug test demo on Thursday at 1 pm at the probation and parole office in 4th district at 8752 Fairview. Justice Eisman pointed out that this machine will only tell if the person is currently under the influence, not if the person was previously.

Agenda Item #4 – Waiting List Discussion

Amy Holly-Priest – As of 6/19/07, 1310 adults on waiting list: 83% criminal justice involved. 209 were adolescents, 80% were criminal justice involved. Since population is transient, they are hard to contact once they are on the waiting list. Currently have in treatment is (6/14) 2240 clients engaged in treatment level of care, outpatient 1626 and IOP 541, all combinations of residential type care is 68. There are a handful of beds available. HIPPA and federal privacy laws are preventative to sharing the waiting lists. BPA is not currently asking patients if it will be okay to share their information in their area to help them get help b/c they have not been directed that it is okay to do so. Are already sharing with DOC and DJC. Reasonable to say there will be a decline in the number of people on the waiting list. Barrier right now is residential capacity, 25-30% on list now are waiting on residential care. Will need to build some provider infrastructure to get to a higher level statewide or be willing to pay for transportation to facilities.

****Is anyone at the AG office looking at what we can do with the sharing of the information?***

Motion by Patti to ask H&W to examine and implement BPA to ask at the initial screening if the client is okay with BPA sharing information and for H&W to ask AG about sharing more information about giving to county, **second** by Valerie. **Discussion** on movement by Senator Stegner – region 2 perception and mental health advisory board. They find it overwhelming that the state would allow 1300 people to be on a waiting list even after they have been screened and is such a small percentage of Idaho residents needing treatment. Not here to place blame, but express concern. Reflection of the financial support the legislature has failed to give. About to lose providers because there is no money to treat all the people who need it. Will commit to going to the legislature to ask for more funding if that is what is appropriate. Wants the members of the board to commit to doing whatever can be done to get an aggressive attitude in helping the state. A 3 month wait is an embarrassment. (echoed by Kelli Jo because this is happening in every region.) Debbie – we are just now getting our arms around the correct numbers for treatment. Instead of just guessing what the number of clients is and will be and what the waiting list. Monte – High purity meth in state and lots of it is causing more people to get it and it is cheaper and this is causing a spike in everything. A flood of meth could be another reason for the higher numbers of users trying to access the system. And we have been able to collect more data b/c of this too. Amy Castro – waiting list is only the ones that are screened, it doesn't include people who don't qualify. There is support for getting more funding by JFAC committee. Judge Eisman – the categories for priority population come from federal guidelines. Stegman – need to look at the different types of populations in different regions instead of using the same paintbrush statewide. **None opposed, motion passed.**

Patti would like to see a plan to reduce the adolescent population on waiting list. Could we ask that a plan be developed, with plans and strategies to come back to Debbie in the next couple of weeks to address and eradicate the waiting list for adolescents first and then the adult list. Debbie – should adolescents be at the top of the list? Amy C – look at the fact that kids would go back into using homes. Is cure rate more successful with children? Where is the best outcome of money spent? What are the worst outcomes that we can avoid? We lack adolescent transitional housing in Idaho. Using ASAM and placing clients in the correct level of care and then managing them through the system is the best way to care for them. Not letting clients choose how they get their treatment is also affective. Continuum care is what we need. A good strong case manager to keep involved with the adolescent clients will be very helpful and is critical. The sub-committee will continue discussing this and come back with more information later.

Agenda Item #5 – Treatment Delivery Services Structure

Iowa – Christy Dye, Arizona – Janet Zwick – (Handout provided) To provide standards, what are your core principals – access to care, standard for number of days between when

the client is authorized to get care and when they do (7 days is common in most states). Arizona has lots of clients come from Medicaid system (75% of money comes from Medicaid funds.) Tribes contract with H&W and go through about a year long process. You have to make sure they are at certain minimums because they will be billing Medicaid. Can lose or earn 4% of funds based on how they run their programs. Starting to build more transitional housing for minors. Iowa – started managed care in 1995 with just substance abuse Medicaid and Dept of Health, in 1998 included mental health and Dept of Public Health, ended up with one statewide vendor. Women and children program is the best example of using combined funding from different agencies. One dept may take care of the first part of care and another dept would pick up the remainder when the client transitioned from one level of care to another. Managed care can be done in incremental steps. Should have minimum standards about access and quality of care. Essential to monitor and look at the managed care organization. H&W may need more staff to monitor contract to ensure that the services requested are being provided. Look at priority populations and a long-term strategy for Medicaid coverage. Guidance or oversight of vendor contract? Work with HUD for transitional housing for adolescents.

Agenda Item #6 – Grant Application Review

Bethany Gadzinski – Idaho DHW has outdated rules and regulations relating to substance abuse and what we can do to provide services in rural communities. DHW is asking CASAT for recommendations. CASAT will also help with the certification of providers. Bethany also advised the committee that DHW is no longer requesting a review of the single substance abuse authority issue. Patti requested that DHW provide the committee with a short term and long term review of what appropriate action should be taken. There was concern expressed that 3 major study efforts are underway and that all entities will need to take great care to ensure the studies “complement” each other rather than “conflict” with each other. Senator Stegner and the Health Care Task Force have requested an implementation plan to study how a new mental health/substance abuse department could be established. Debbie Field will be chairing a best practices committee to redesign the substance abuse delivery system in Idaho so an RFP for a new management services contractor(s) can be in place by July 1, 2008.

Two grants in the process – **1.** Improving Positive Outcomes for Children through Family Drug Court. 2 new drug courts for family drug court, one in Pocatello and one in Ada county. Anticipate serving 100 families per year, funding would be \$1,000,000 declining over 5 years. Should have outcomes to bring back to committee to see if we want to bring in more family drug courts through the state by reviewing numbers and information provided with this grant. Without objection, we will proceed ahead with this grant solicitation. **2.** ATR Grant – governor signed it, we have a very good shot at getting it. Handouts provided to show what was provided to the governor and shows why Idaho needed to apply for this grant again.

Director Jerry Russell – applying for a grant through feds, no match, \$450,000, we would get a portion for narcotics investigations, rest for ODP to help, have to get application in

by June 29. Working with ODP and ISP to write grant. Treatment for meth specifically. 2 years.

Agenda Item #7 –Budget Committee

Representative Jim Clark – By HB109, we had to create a budget for substance abuse numbers, came up with a management tool with budget numbers that contains all the expenditures and costs and the treatment types. Will be giving a report to ODP each month to show how money is being spent (to help with budgeting purposes.) Money for intervention has never been presented to the legislature as a source for funding. Need to present as a supplemental for FY08 or as a bill for FY09 for funding. Transitional housing was the number one priority in ATR discussion, but nothing had been done previously. Intervention can be done with some treatment money based on the level you assess it at. Will add Intervention as a line item showing \$0 funding for now so that it can be added to future budget requests. Adolescents currently accessing the system (through BPA) do not qualify for anything lower than full treatment. There is flexibility in categories to cover intervention. Process issue, not a budget issue. Intervention is .5 while care is 1.0. Even though there are no kids accessing the system that fall into the intervention area, there are still kids that need it. Some tribal kids have been turned away or referred to an education class if they only qualify for intervention not treatment. Need to develop a budget request or enhancement, but first need to identify those kids that need intervention. August budget meeting will be looking at FY09 budget requests, so need to get together something for that meeting. Could we put together the numbers on how many kids could have just been put into intervention instead of treatment so that it can be put into the budget proposal?

Motion to accept the treatment allotment/allocation on management report – Patti, Rep Clark **seconds. None opposed, motion carries.**

Need to break out on the substance abuse snapshot management report, the amounts on the bottom of the main page by department so that the YTD actuals matches.

Footnote: Rep. Clark's handout had actual expenditures for 10 months used on one side and fictional numbers on the opposite just to illustrate what the management report would look like.